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February 4, 2005

BY EXPRESS MAIL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Omnicare, Inc.'s U.S. Patent Applications

SIR:

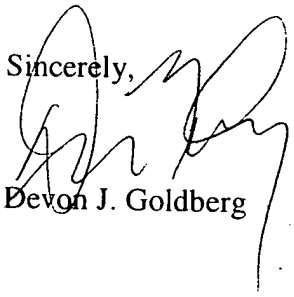
On behalf of our client Omnicare, Inc., enclosed please find a Power of Attorney and Correspondence Address Indication Form for each of the following U.S. patent applications:

- Method for storing and reporting pharmacy data (Appl. No. 10/681,954);
- Method and system for electronic assistance in dispensing pharmaceuticals (Appl. No. 10/610,681);
- Method for managing healthcare of medical patients (Appl. No. 10/676,516);
- Storage and dispensing unit (Appl. No. 10/803,664);
- Method for conducting prescription drug co-payment plans (Appl. No. 10/608,265);
- Method for improving the accuracy of pharmacy invoicing data (Appl. No. 10/625,422);
- Method for assimilating and using pharmacy data (Appl. No. 10/682,157); and
- Method for processing and organizing pharmacy data (Appl. No. 10/681,955).

Letter to Commissioner for Patents
February 4, 2005
Page 2

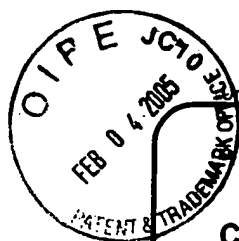
Also enclosed please find a pre-addressed, stamped postcard. Kindly stamp the postcard with acknowledgement of receipt of these documents and return it to me. Should you have any questions, please do not hesitate to contact me at (212) 259-6705.

Sincerely,



Devon J. Goldberg

Enclosures
Copy to Stanton J. Lovenworth, Esq.
Riyad A. Omar, Esq.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/676,516
Filing Date	10/1/2003
First Named Inventor	W. Gary Erwin
Title	METHOD FOR MANAGING THE ..
Art Unit	3626
Examiner Name	
Attorney Docket Number	036806.00438

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Stanton J. Lovenworth	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Dewey Ballantine LLP				
Address	1301 Avenue of the Americas				
City	New York	State	NY	Zip	10019
Country	USA				
Telephone	(212) 259-6420	Fax	(212) 259-6333		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	2/3/05
Name	Regis T. Robbins	Telephone	859-392-3311
Title and Company	Vice President Analysis & Controls, Omnicare, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.